

AF/2700  
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<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)		Application Number	09/448,756
		Filing Date	November 24, 1999
		First Named Inventor	Jun KOYAMA et al.
		Group Art Unit	2675
		Examiner Name	Paul Bell
Total Number of Pages in This Submission		Attorney Docket Number	740756-2070

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Declaration and Power of Attorney <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Application Data Sheet <input checked="" type="checkbox"/> Other Enclosure(s): <u>PTO-1449 w/ (1) copy of reference cited.</u>
Remarks		<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 19-2380 (740756-2070) for the above identified docket number.

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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Jeffrey L. Costellia, Reg. No. 35,483 Nixon Peabody LLP 8180 Greensboro Drive Suite 800 McLean, VA 22102
Signature	
Date	May 29, 2003

CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.8(a)]	
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Signature:	
Name:	April Campbell



# FEE TRANSMITTAL FOR FY 2003

Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27

Complete if Known	
Application Number	09/448,756
Filing Date	November 11, 1999
First Named Inventor	Jun KOYAMA et al.
Examiner Name	Paul Bell
Art Unit	2675
Attorney Docket No.	740756-2070

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METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)	
<input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None		<b>3. ADDITIONAL FEES</b>	
<input checked="" type="checkbox"/> Deposit Account: Deposit Account Number: 19-2380 (740756-2070) Deposit Account Name: Nixon Peabody LLP			
The Commissioner is authorized to: (check all that apply) <input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.			
<b>FEE CALCULATION</b>			
<b>1. BASIC FILING FEE</b>			
Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
1001 750	2001 375	Utility filing fee	
1002 330	2002 165	Design filing fee	
1003 520	2003 260	Plant filing fee	
1004 750	2004 375	Reissue filing fee	
1005 160	2005 80	Provisional filing fee	
SUBTOTAL (1) (\$)		0	
<b>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</b>			
Total Claims <input type="text"/> -20** = <input type="text"/> X <input type="text"/> = 0			
Independent Claims <input type="text"/> -3** = <input type="text"/> X <input type="text"/> = 0			
Multiple Dependent <input type="text"/> X <input type="text"/> = 0			
Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
1202 18	2202 9	Claims in excess of 20	
1201 84	2201 42	Independent claims in excess of 3	
1203 280	2203 140	Multiple dependent claim, if not paid	
1204 84	2204 42	** Reissue independent claims over original patent	
1205 18	2205 9	** Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2) (\$)		0	
**or number previously paid, if greater; For Reissues, see above			
		<b>3. ADDITIONAL FEES</b>	
		Large Entity Fee Code (\$)	Small Entity Fee Code (\$)
		1051 130	2051 65
		1052 50	2052 25
		1053 130	2053 130
		1812 2,520	2812 2,520
		1804 920*	2804 920*
		1805 1,840*	2805 1,840*
		1251 110	2251 55
		1252 410	2252 205
		1253 930	2253 465
		1254 1,450	2254 725
		1255 1,970	2255 985
		1401 320	2401 160
		1402 320	2402 160
		1403 280	2403 140
		1451 1,510	2451 1,510
		1452 110	2452 55
		1453 1,300	2453 650
		1501 1,300	2501 650
		1502 470	2502 235
		1503 630	2503 315
		1460 130	2460 130
		1807 50	2807 50
		1806 180	2806 180
		8021 40	28021 40
		1809 750	2809 375
		1810 750	2810 375
		1801 750	2801 375
		1802 900	2802 900
		Other fee (specify) _____	
		*Reduced by Basic Filing Fee Paid	
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		Signature: <u>April Campbell</u>	
		Name: April Campbell	

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Jeffrey L. Costello	Registration No.	35,483
Signature	<u>Jeffrey L. Costello</u>	Telephone	(703) 770-9300
		Date	May 29, 2003

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